



Laparoscopy should not be performed in cervical cancer

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Surgery for Early Cervical Cancer

- Laparoscopic radical surgery.
- Open radical surgery.
- Alternatives: for Stage 1A and small volume 1b1 disease.
 - Loop cone biopsy
 - Simple hysterectomy

Standard Management

- Wertheim open radical hysterectomy since 1891
- Laparoscopic and robotic surgery has become the most common surgical modality in the past 5-10 years with no level A evidence.
- Retrospective studies suggested no difference in oncological outcomes but Level A evidence was missing.

The NEW ENGLAND JOURNAL *of* MEDICINE

ORIGINAL ARTICLE

Minimally Invasive versus Abdominal Radical Hysterectomy for Cervical Cancer

Pedro T. Ramirez, M.D., Michael Frumovitz, M.D., Rene Pareja, M.D., Aldo Lopez, M.D., Marcelo Vieira, M.D., Reitan Ribeiro, M.D., Alessandro Buda, M.D., Xiaojian Yan, M.D., Yao Shuzhong, M.D., Naven Chetty, M.D., David Isla, M.D., Mariano Tamura, M.D., Tao Zhu, M.D., Kristy P. Robledo, Ph.D., Val GebSKI, M.Stat., Rebecca Asher, M.Sc., Vanessa Behan, B.S.N., James L. Nicklin, M.D., Robert L. Coleman, M.D., and Andreas Obermair, M.D.

LACC trial

- First RCT to compare both procedures.
- Prof Firat Ortac has probably mentioned the potential down sides.
 - Partially funded by medtronics.
 - Tumour size not reported in 15% of relapsed pts.
 - Vaginal margins not reported in 10% of cases.
 - Parametrial invasion not reported in 5/34 recurrences.

LACC trial

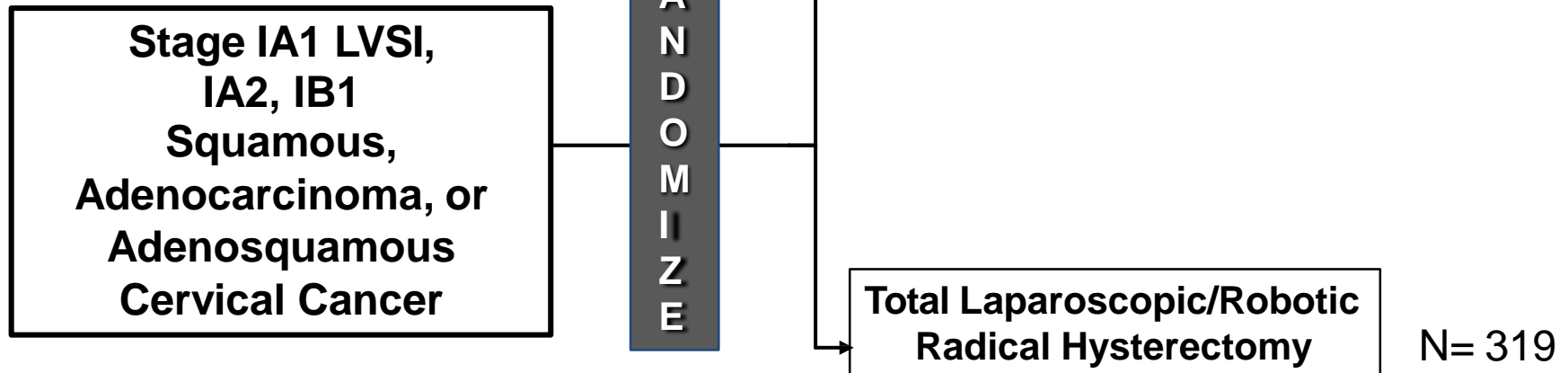
- Parametrial invasion was 6.5% in MIS ARM vs 3.9% in open surgery.
- Conversion rate to open surgery was 3.5%.
- No clinico-pathological data provided. i.e. parametrial length, vaginal cuff length in both arms.
- Learning curve could be an issue in MIS arm.

However

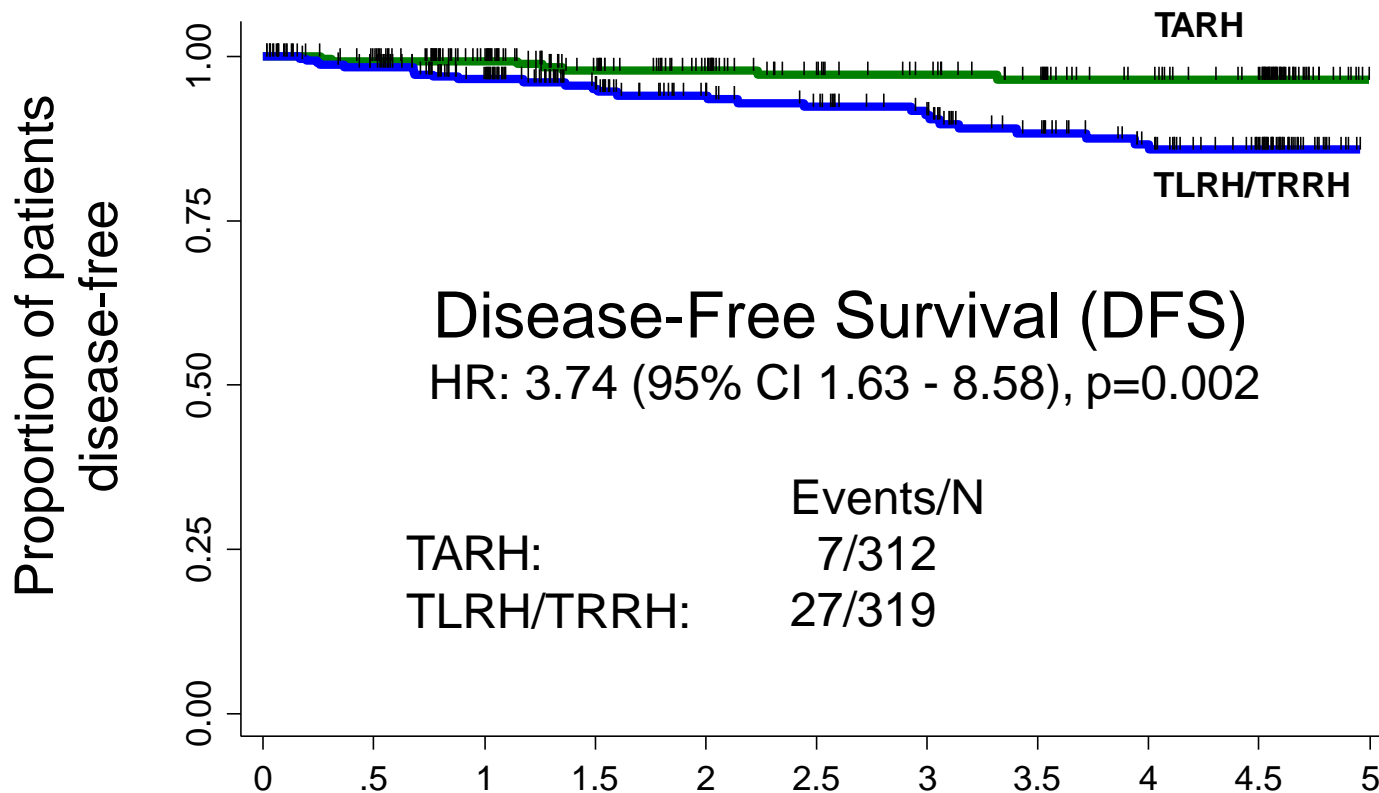
- This study is an RCT which was published in a reputable journal with IP of 79.25.
- Methodology included quality control of surgical procedures.
- It is not surprising that an established 120 years old procedure is superior to a new technique which has not been tested enough.

Study Schema

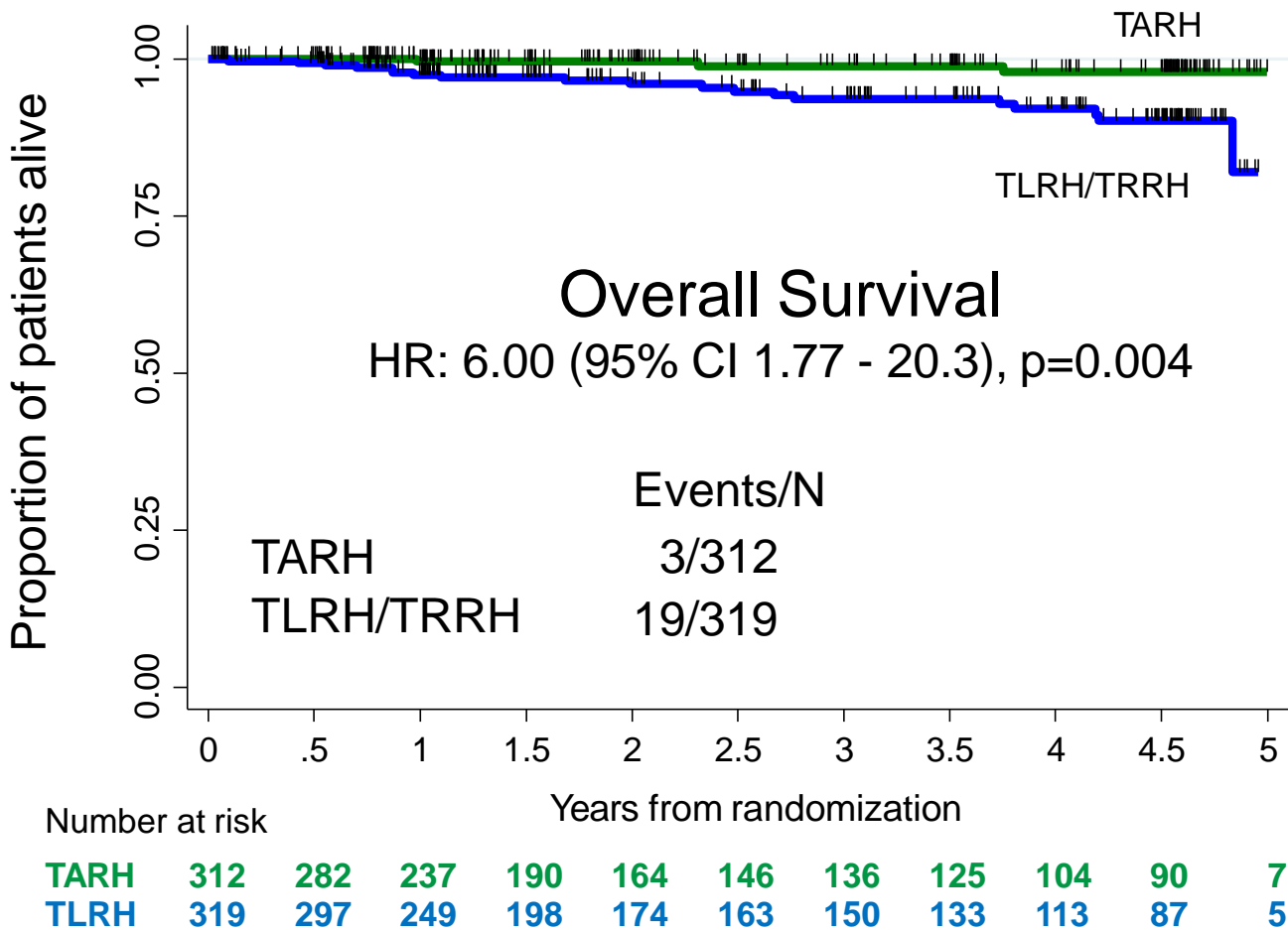
Open: June 2008
Accrual: 631
Closed: June 2017*



*Recommendation of DSMC



	Years from randomization										
Number at risk	0	.5	1	1.5	2	2.5	3	3.5	4	4.5	5
TARH	312	280	236	187	163	144	134	123	104	90	7
TLRH	319	292	244	192	167	155	142	121	102	80	5



Site of First Recurrence

	TARH	TLRH/TRRH
Total recurrences	7 (2.2%) N=312	24 (7.5%) N=319
Site of recurrence		
Vault	3 (43%)	4 (17%)
Pelvis	0 (0%)	7 (29%)
Abdomen	0 (0%)	1 (4%)
Distant	1 (14%)	2 (8%)
Multiple	2 (29%)	7 (29%)
Other	1 (14%)	3 (13%)

Furthermore

- Another large US based retrospective trial was also published in the same journal.
- Suggested MIS group had significantly higher recurrence.

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Survival after Minimally Invasive Radical Hysterectomy for Early-Stage Cervical Cancer

Alexander Melamed, M.D., M.P.H., Daniel J. Margul, M.D., Ph.D.,
Ling Chen, M.D., M.P.H., Nancy L. Keating, M.D., M.P.H.,
Marcela G. del Carmen, M.D., M.P.H., Junhua Yang, M.S.,
Brandon-Luke L. Seagle, M.D., Amy Alexander, M.D., Emma L. Barber, M.D.,
Laurel W. Rice, M.D., Jason D. Wright, M.D., Masha Kocherginsky, Ph.D.,
Shohreh Shahabi, M.D., E.M.H.A., and J. Alejandro Rauh-Hain, M.D., M.P.H.

Methods

- Cohort study
- Stage IA2 or IB1 cervical cancer during the 2010–2013 period at Commission on Cancer–accredited hospitals in the United States
- An interrupted time-series analysis involving women who underwent radical hysterectomy for cervical cancer during the 2000–2010 period, SEER data.

Results

- 1225 of 2461 women (49.8%) MIS
- More often white, privately insured, and from ZIP Codes with higher socioeconomic status, had smaller, lower-grade tumors, and were more likely to have received a diagnosis later in the study period
- Median follow-up 45 ms,

Results

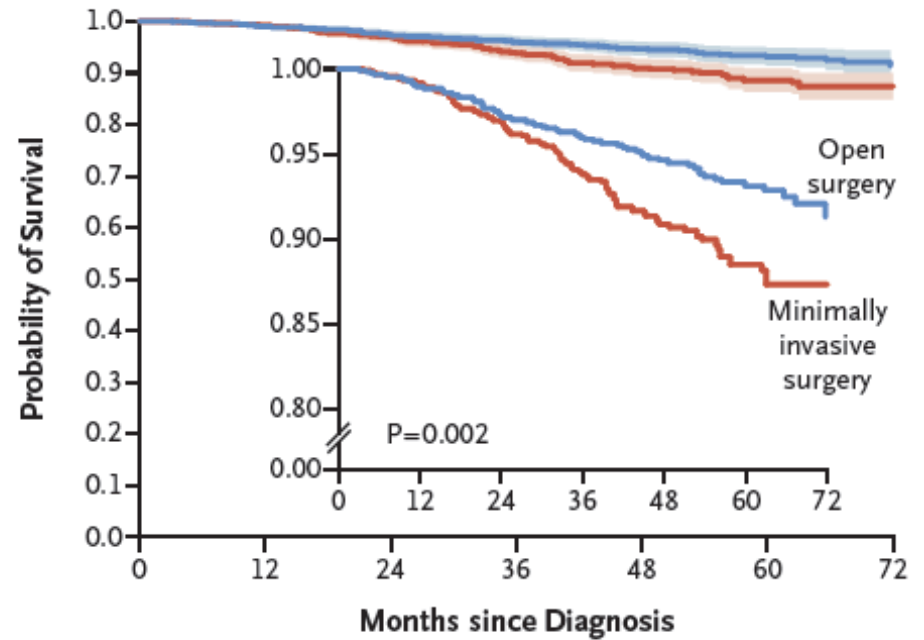
- 4-year mortality

:

- ✓ MIS 9.1%

- ✓ OS 5.3%

- (HR, 1.65; 95% confidence interval [CI], 1.22 to 2.22; P = 0.002)

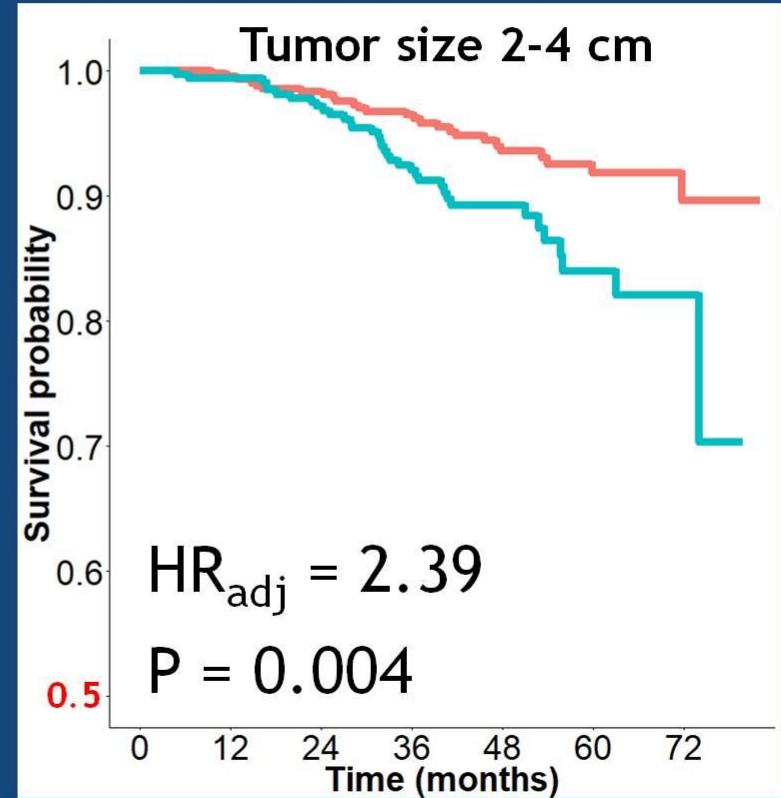
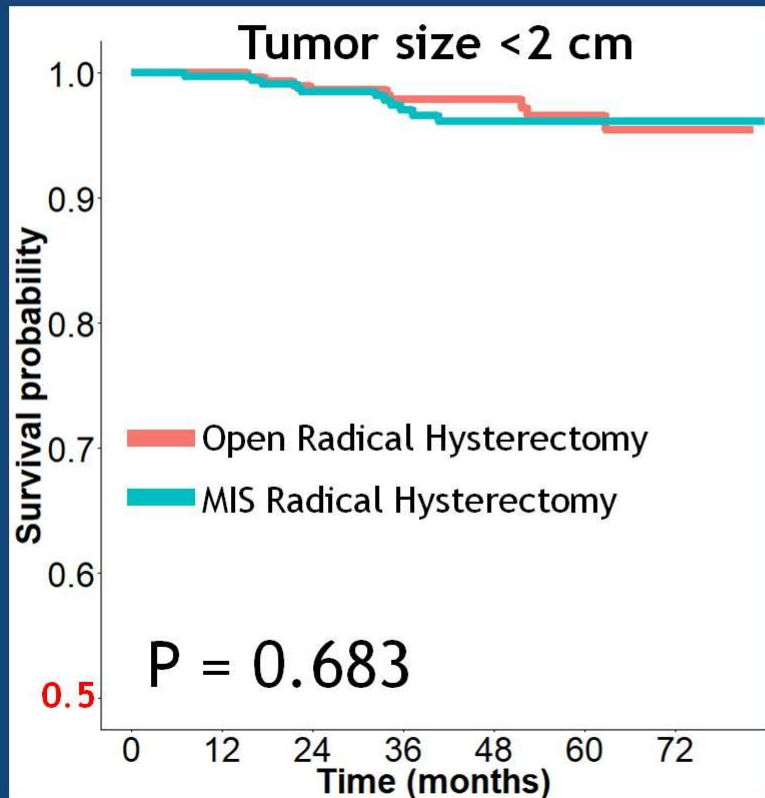


No. at Risk

Open surgery	1236	1174	1092	909	625	356	104
Minimally invasive surgery	1225	1161	1061	818	490	217	60

Results

Overall Survival by Tumor Size



- We were **unable to estimate precisely** the associations between minimally invasive surgery and all-cause mortality **among subgroups in which few deaths occurred**, such as the **subgroup of women who had tumors smaller than 2 cm** in the greatest dimension.

Results

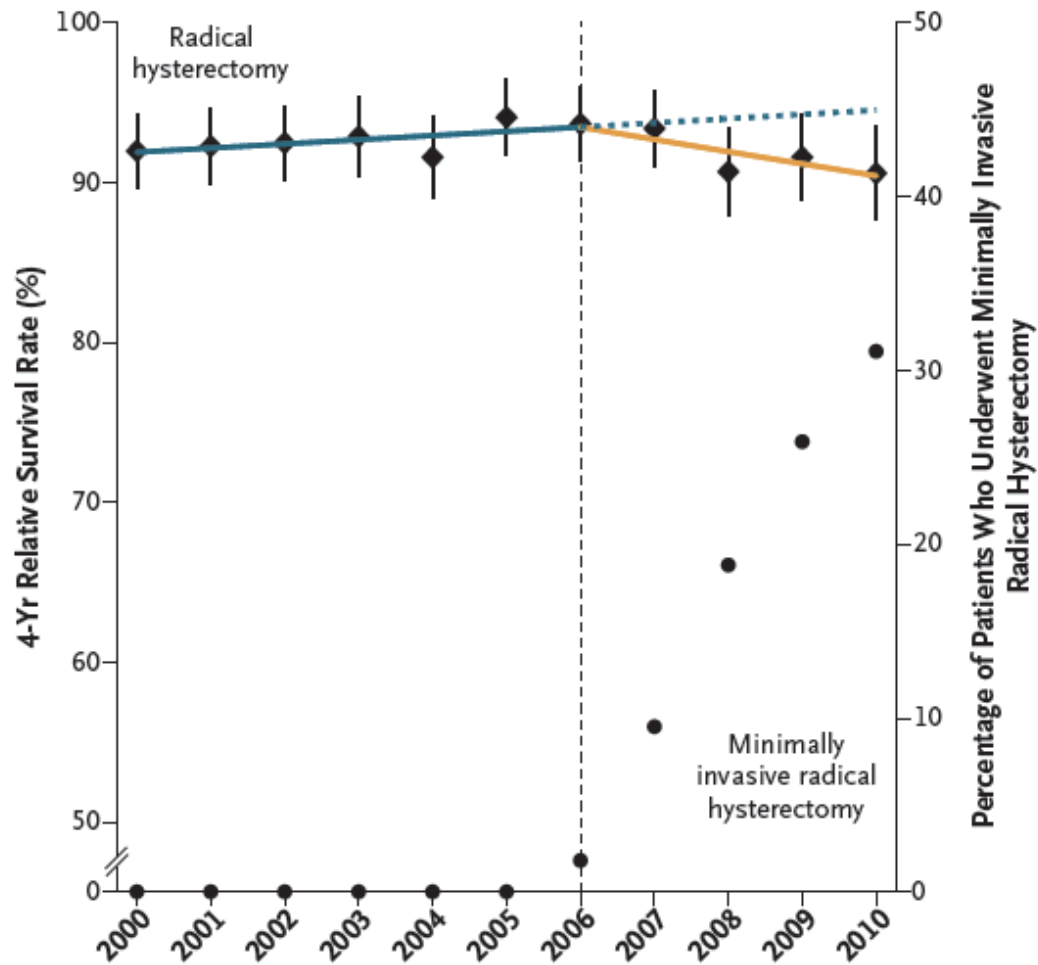


Figure 4. Interrupted Time-Series Evaluation of the Effect of Adoption of Minimally Invasive Radical Hysterectomy on 4-Year Relative Survival Rate.

Conclusion

- Those who perform open surgery should continue open surgery
- Those who perform MIS should also change their practice to open surgery

UNLESS, they have their own reliable data to show acceptable results or recruit for another study.

- Patients should be involved in decision making with counselling but doctors are the professionals and they should take the responsibility of decision making.
- Another RCT should be undertaken soon.



The 5 Stages of Grief & Loss

Acceptance

Denial

GRIEF

Depression

Anger

Bargaining



- Primum non nocere! First do not harm!
Hippocratic Oath
- Please stay safe and vote for laparotomy 😊

THANK YOU

Acknowledgements

- Tefvik Guvenal
- Dogan Vatansever